FORM BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION BUSINESS TAX SUMMARY

| ror the CALEND | LENDAR year 1994 or other tax year beginning and ending MoDay Year | | | | | | | |
|---------------------------|--|---|--|---|--|--|--|--|
| STEP 1 | Proprietorship - Last Name First Name & Initial | | SOCIAL SECURITY NUMBER | | | | | |
| LABEL HERE Otherwise | Proprietorship - Spouse's Last Name First Name & Initial | | | SPOUSE'S SOCIAL SECURITY NUMBER | | | | |
| Please Print or Type | Corporate, Partnership, Fiduciary or Non-Profit N | lame | | FEDERAL IDENTIFICATION NUMBER | | | | |
| | Number and Street Address | | | | | | | |
| | City or Town, State and Zio Code | | | Principal Activity Code (Follow Federal instructions) | | | | |
| | | | | | | | | |
| | For next year, instead of receiving a Business To | ax Booklet, do you wish to receive | ust a mailing label to | FOR PROPRIETORSHIP: Spouse's Principal Activity Code | | | | |
| STEP 2 | ☐ CORPORATION ☐ PART | NERSHIP PR | OPRIETORSHIP | AMENDED | | | | |
| Return Type, Federal | ☐ FIDUCIARY ☐ NON- | | MBINED FILERS | FINAL | | | | |
| Information | | | | Federal Income Tax Return which has not been | | | | |
| and Filing Requirement | previously reported to N.H. Years covered by IRSSubmit changes under a separate cover. | | | | | | | |
| STEP 3 | DO YOU MEET THE FILING REQUIREMENTS FOR: (SEE INSTRUCTIONS) BET Yes No BPT Yes No PLEASE COMPLETE FORMS IN THE FOLLOWING ORDER: BET, BPT RETURN AND THEN BUSINESS TAX SUMMARY. | | | | | | | |
| STEP 4 | 1 (a) Business Enterprise Tax Net of S | | 1 (a) | | | | | |
| Figure Your | 1 (b) Business Profits Tax Net of Statu | | 1 (b) | 1 | | | | |
| Balance | 2 PAYMENTS: | | | | | | | |
| Due or Overpayment | (a) Tax paid with application for exte | nsion | 2 (a) | | | | | |
| | (b) Payments from 1994 estimated to | axes | 2 (b) | | | | | |
| | (c) Payments carried over from prior | year | 2 (c) | | | | | |
| | (d) Payments made with original retu | ım (Amended returns only) | 2 (d) | 2 | | | | |
| | 3 TAX DUE (Line 1 less line 2) | | | 3 | | | | |
| | 4 ADDITIONS TO TAX: | | | | | | | |
| | (a) Interest (See instructions) | • | 4 (a) | | | | | |
| | (b) Failure to Pay (See instructions) | | 4 (b) | | | | | |
| | (c) Failure to File (See instructions) | | 4 (c) | | | | | |
| | (d) Underpayment of Estimated Tax | (See instructions) | | | | | | |
| | Attach Form DP 2210/2220 | | 4 (d) | 4 | | | | |
| | 5 BALANCE DUE (Line 3 plus line | | | | | | | |
| | Make check payable to: State of | | | 5 | | | | |
| | 6 OVERPAYMENT (Line 2 less line | e 1, adjusted by | 6 | | | | | |
| | line 4, if applicable) 7 Apply overpayment amount of lir | ne 6 to: /a\ The 1995 tay lis | | 7 (a) | | | | |
| | Apply overpayment amount or in | | | | | | | |
| | (b) Refund - Please allow 10 weeks for processing 7 (b) THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS | | | | | | | |
| | AND SCHEDULES. | | | | | | | |
| STEP 5 | | | | returns, and to the best of my belief they are | | | | |
| Signature(s) | true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of whice preparer has knowledge. If a combined filer, I also certify that all affiliated companies are included in the appropriate group determined. | | | | | | | |
| Office Use Only | in this return. | | T | | | | | |
| • | Cionatura | | 0 | | | | | |
| | Signature | | Signature of Paid Preparer Other Than Taxpayer | | | | | |
| | Title and Date | | Preparer's Identification Number Date | | | | | |
| | Spouse's Signature and Date (PROPRIET) | ORSHIP ONLY) | Preparer's Address | | | | | |
| | MAIL TO: P.O. BOX 633 | PROCESSING DIVISION 7 NH 03302-0637 | City or Town, State and Zip Code | | | | | |

FORM BET

For the CALENDAR year 1994 or other tax year beginning

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATION

| YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS RECEIPTS WERE GREATER THAN \$100,000 OR TI | | | | | - X | | MO | Day Year | | MO | Day | TORI | | | | |
|---|-----|-----|---------|---------|---|---------|--------|----------|----------|------|-----|-------|--------|----------|-------|---|
| YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS RECEIPTS WERE GREATER THAN \$100,000 OR TI | | | | | / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | | | | | |
| YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS RECEIPTS WERE GREATER THAN \$100,000 OR TI | | | | | | | | | | | | | | | | |
| | YOU | ARF | REQUIRE | D TO FI | LE THIS | FORM IF | : YOUR | GROSS | RECEIPTS | WERE | GRI | EATER | THAN S | :100.000 | OR TH | ı |

_ and ending .

ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000.

Federal Identification Number

| STEP 1 Please | Name of Principal NH Business Organization | | Federal Identification Number |
|---------------------------|--|--|---|
| Print or Type Name | | · | |
| a net income to | s activities are conducted both within and without to ux, a franchise tax based upon net income or a cap less enterprise must apportion its enterprise value T-80 and it is not included in your booklet, it may to | ital stock tax in another state, whether or n tax base. Complete Form BET-80 to deter | ot it is actually imposed by the other state, |
| STEP 2 Compute the | 1. Dividends Paid | 1. | |
| Enterprise Value Tax Base | 2. Compensation and Wages Paid or Accrued | 2. | |
| | 3. Interest Paid or Accrued | 3. | |
| | 4. Enterprise Value Tax Base (Sum of lines 1, 2 and 3) | | 4. |
| | 5. N.H. Business Enterprise Tax (Line 4 x .0025) | | 5. |
| STEP 3 Figure Your Tax | Credits: (a) RSA 162-L:8, Community Development Finance Authority Credit (See instructions) | 6(a) | |
| IOUI IBA | (b) Statutory Credits (See instructions) | 6(b) | 6. |
| | 7. Business Enterprise Tax Net of Statutory Credits (Line 5 less line 6. If negative, enter 0) | | 7. |

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION FIDUCIARY RUSINESS PROFITS TAY RETURN

| For the CALEN | IDAR year 1994 or other tax year beginning and ending MoDay Year | | | | | | | |
|----------------------------|---|---|--|--|--|--|--|--|
| | ALENDAR year is on or before April 18, 1995 or the 15th day of the 4th month after the close of the fiscal period. REQUIRED TO FILE THIS FORM IF YOUR GROSS RECEIPTS WERE GREATER THAN \$ | \$50 000 | | | | | | |
| STEP 1 Please Print or | Name of Estate or Trust Name of Estate or Trust FEDERAL IDENTIFICATION N | | | | | | | |
| Туре | GRANTOR TYPE TRUST Yes No Are you required to file a Federal 1041 for 1994? | Yes 🔲 No 🔲 | | | | | | |
| STEP 2 | 1. INCOME | | | | | | | |
| Figure Your Tax | (a) Gross receipts or sales1(a) | | | | | | | |
| | (b) Less returns and allowances1(b) | | | | | | | |
| | (c) Subtotal [Line 1(a) less line 1(b)]1(c) | • | | | | | | |
| | (d) Cost of goods sold and/or operations (Attach schedule) 1(d) | | | | | | | |
| | (e) Gross profit [Line 1(c) less line 1(d)] | | | | | | | |
| | (f) Gross rents | • | | | | | | |
| | (g) Other income (Attach schedule) | . [| | | | | | |
| | (h) TOTAL INCOME [Combine line 1(e) through 1(g)] |) | | | | | | |
| | 2. DEDUCTIONS | . [| | | | | | |
| | (a) Fiduciary fees as actually paid 2(a) (g) Interest | " | | | | | | |
| | (b) Salaries and wages | , | | | | | | |
| | \ | | | | | | | |
| | , | " | | | | | | |
| | (e) Rental expenses | , i | | | | | | |
| | (ii) TOTAL DEDUCTIONS [Combine lines 2(a) through 2(l)] | | | | | | | |
| | NET GAIN OR (LOSS) FROM SALE OF ASSETS. (See instructions) Attach schedule if additional space is needed. | | | | | | | |
| | Description of Property | Gains or (Losses) | | | | | | |
| | | ·. [| | | | | | |
| | (a) | 1 | | | | | | |
| | (b) | | | | | | | |
| | (c) TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS [Combine lines 3(a) and 3(b)] | 3) | | | | | | |
| | 4. INSTALLMENT GAIN OR (LOSS) Attach schedule if additional space is needed. Date of Original Sale Description of Property Gain | | | | | | | |
| | Mo Day Year | Gain (Loss) | | | | | | |
| | (a) 4(a | a) | | | | | | |
| | (b)4(t | 1 | | | | | | |
| | (c) TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS [Combine lines 4(a) and 4(b)] | '1 1 | | | | | | |
| | 5. SEPARATE ENTITY ADJUSTMENT (See instructions) | 5. | | | | | | |
| | 6. GROSS BUSINESS PROFITS [Line 1(h) adjusted by lines 2(m), 3(c), 4(c) and 5] | | | | | | | |
| | If a loss, show in brackets. (See instructions for NOL carryback provisions.) | 6 | | | | | | |
| | 7. NH ADDITIONS AND DEDUCTIONS | | | | | | | |
| ٠ | (a) Add back income taxes or franchise taxes measured by income | a) | | | | | | |
| | (b) NH Net Operating Loss Deduction (Attach Form DP-132) | o) (| | | | | | |
| | (c) Interest on US obligations | راره | | | | | | |
| | (d) Add the amount of the increase in the basis of assets which was due to the sale or | | | | | | | |
| | exchange of interest in the trust (RSA 77-A:4, XIV) | 'l. l. | | | | | | |
| | (e) Interest and dividends subject to tax under RSA 77 | 'l l | | | | | | |
| | (f) Other additions and deductions required by RSA 77-A:4 (Attach schedule) | ''! ! | | | | | | |
| | (g) TOTAL ADDITIONS AND DEDUCTIONS [Combine lines 7(a) through 7(f)]7(g | - 1 | | | | | | |
| | 8. ADJUSTED GROSS BUSINESS PROFITS [Line 6 adjusted by line 7(g)] | 1 1 | | | | | | |
| | 9. New Hampshire Apportionment (Form DP-80, line 5) | 1 1 | | | | | | |
| | 10. New Hampshire Taxable Business Profits (Line 8 x line 9) | 1 | | | | | | |
| STEP 3 Figure Your Credits | 11. New Hampshire Business Profits Tax (Line 10 x 7%) | 1 | | | | | | |
| | 12. Credits allowed under RSA 77-A:5 as shown on Form DP-160 | 2 | | | | | | |
| | 13. Subtotal (Line 11 less line 12) | 1 | | | | | | |
| | 14. Business Enterprise Tax Credit (See instructions) | 1 | | | | | | |
| | 15. Business Enterprise Tax Credit to be applied against Business Profits Tax | *• | | | | | | |
| | (Enter the lesser of line 13 or line 14) (See instructions) | 5. | | | | | | |
| | 16. N.H. Business Profits Tax Not of Statutory Credits (Line 13 less line 15) | 1 1 | | | | | | |
| | ENTER THE AMOUNT FROM LINE 16 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FOR | | | | | | | |
| | IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY | 1=== 1 | | | | | | |